


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90007 012 ***150.00

DOCUMENT # P03000009266		
1. Entity Name 412 (I) PLANS, INC.		

Principal Place of Business 7700 10691 NORTH KENDALL DRIVE SUITE 207 405 MIAMI, FL 33176 33156	Mailing Address 7700 10691 NORTH KENDALL DRIVE SUITE 207 405 MIAMI, FL 33176 33156
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2. Principal Place of Business 7700 N. Kendall Drive Suite, Apt. #, etc. Suite 405 City & State Miami FL Zip 33156 Country USA	3. Mailing Address 7700 N. Kendall Drive Suite, Apt. #, etc. Suite 405 City & State Miami FL Zip 33156 Country USA
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6. Name and Address of Current Registered Agent SNIDER, ROBERT N 7700 10691 NORTH KENDALL DRIVE SUITE 207 405 MIAMI, FL 33176 33156	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
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SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE 4/4/06
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, WILLIAM H JR	NAME	
STREET ADDRESS	P.O. BOX 1132	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 327901132	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNIDER, ROBERT N	NAME	
STREET ADDRESS	10691 NORTH KENDALL DRIVE SUITE 207 405	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176 33156	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENAFIEL, ROBERTO	NAME	
STREET ADDRESS	520 BRICKELL KEY DRIVE #A1214	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.	
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SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4/4/06 305-595-5500
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